

# EXHIBIT #11

# LOCCS Access Authorization Security Form for HUD Staff

See the Privacy Act statement on the back before completing this form

This form is used to request terminal access to Line of Credit Control System (LOCCS). For users who require other than a data query access, a Limited Background Investigation package, e.g., SF-85P (95 edition only), SF-87, and Fair Credit Reporting Authorization must also be completed and submitted to the CFO Security Office in Headquarters.

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2535-0102  
(exp. 1/31/2004)

1. Type of Action (mark one)	2. Type of User (mark one)
<input type="checkbox"/> New User	<input type="checkbox"/> RAD <input type="checkbox"/> RO
<input type="checkbox"/> Reinstate User	<input checked="" type="checkbox"/> FO <input type="checkbox"/> OFA
<input type="checkbox"/> Terminate User	<input type="checkbox"/> OSS
<input checked="" type="checkbox"/> Add new Program Area	<input type="checkbox"/> ACH
<input type="checkbox"/> Change Program Area	<input type="checkbox"/> HQ
<input type="checkbox"/> Change Address	

This form is to be completed by the LOCCS user and signed by both the Personnel Official and a LOCCS Access Authorizing Official. All entries are mandatory unless specifically not applicable. Print all information clearly.

Send the completed form to:

U.S. Department of Housing  
and Urban Development  
Chief Financial Officer, FYM  
P.O. Box 23774  
Washington, DC 20026-3774

Please read the instructions on Page Two carefully  
before completing this form.

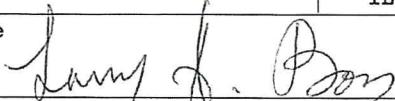
3. Region (2 digits) (mandatory)	4. Field Office (2 digits) (mandatory)	5. User ID (unless you're a new user)
05	01	H19193

6. User's Last Name <b>Boss</b>	User's First Name <b>Larry</b>	Middle Initial <b>A.</b>	7. User's Social Security Number
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8. User's Office Address <b>77 W. Jackson Rm. 2401</b>	9. Office Telephone No. (include area code & extension) <b>312/353-1915X2571</b>
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City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60604</b>	10. Office Correspondence Code (mandatory) <b>SAPH</b>
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11. User's Signature



12. Access Requested (Skip this part if the Type of User code is "HAO," "ACH," or "OSS.")

Program Area	Query	CFO Only Payment Banking Cntr DE	CFO Only Voucher Entry	CFO Only Verify	Field Office Admin.	HQ Admin.
CFP					✓	
CIAP					✓	
COMP					✓	
PDEV					✓	
URP					✓	

14. LOCCS Access Authorizing Official: Mandatory data. Printed name, social security number, title, phone number, and signature of the LOCCS Access Authorizing Official. The approving official should be the supervisor or higher level of manager of the person cited on line 6. The LOCCS Access Authorizing Official must file a Limited Background Investigation package, e.g., SF-85P (95 edition only), SF-87, and Fair Credit Reporting Authorization.

LOCCS Access Authorizing Official

Name of Supervisor or Line Manager <b>Linford C. Kenan</b>	Social Security Number
Title <b>Director</b>	Office Telephone Number <b>312/353-1915</b>
Office Mailing Address	

13. Personnel Office Certification for User

I certify that:

- NACI completed (date-mm/dd/yyyy) (required for all employees) \_\_\_\_\_ is on file.
- A Limited Background Investigation package, e.g., SF-85P (95 edition only), SF-87, and Fair Credit Reporting Authorization was submitted to the Personnel Security Branch on (date-mm/dd/yyyy) \_\_\_\_\_

Personnel Official's Title	Phone Number
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Personnel Official's Signature	Date (mm/dd/yyyy)
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13a. Personnel Office Certification for Approving Official

I certify that:

- NACI completed (date-mm/dd/yyyy) \_\_\_\_\_ is on file.

A Limited Background Investigation package, e.g., SF-85P (95 edition only), and SF-87, and Fair Credit Reporting Authorization was submitted to the Personnel Security Branch on

(date-mm/dd/yyyy) \_\_\_\_\_

Personnel Official's Title	Phone Number
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Personnel Official's Signature	Date (mm/dd/yyyy)
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Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Previous editions are obsolete

**Boss, Larry A**

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**From:** Boss, Larry A  
**Sent:** Friday, November 20, 2009 9:07 PM  
**To:** Richardson, Elmore  
**Subject:** FW: ARRA Monitoring Reviews and Checklists  
**Attachments:** REMOTE ARRA Monitoring.docx; ARRA Monitoring.docx

Elmore,

Regina and I have completed the on-site reviews for Lee, Moline, and Rock Island HAs. Rock Island will re-obligate their ARRA funds and will resubmit their applications (sometime this month - they have until March 2010 to obligate all of their funds). They have discussed this with Mr. Meiss - apparently this was OK. It would have been nice to know this information before we arrived at Rock Island, nonetheless we continued the review.

Also, while reviewing the checklist for assigned HAs I found something quite disturbing: I've got six HAs assigned to me. Three on site - Lee, Moline, and Rock Island, and three remote - Randolph, Alton, and Dekalb (there are two HAs that do not appear on this list under my name). That's a total of six HAs. I thought we were all assigned four.

Is this an error, has anyone else got six (with Belinda and Gilbert being the exception) - three on site and three remote?

Whatever, the case I'd like to discuss this matter because there appears to be some inequities in the way the HAs and the onsite reviews were distributed. Obviously, I missed this. However, others, from what I understand, have had conversations regarding this.

When you return - can we meet and discuss?

Thanks,  
L.Boss

---

**From:** Ladias, Eleny  
**Sent:** Monday, October 19, 2009 12:40 PM  
**To:** CHI PUBLIC HSG MGT STAFF; CHI PUBLIC HSG STAFF  
**Cc:** Stuckemeyer, Katherine L; Ruppel, Chad  
**Subject:** Re: ARRA Monitoring Reviews and Checklists

**Hi everyone!! Attached is a revised WORD document which lists the name of the staff person who will be responsible for completing the On-Site and Remote Checklists for the housing authority indicated. The other WORD attachment contains the names of the team members for the on-site reviews. Remember you should get started on the Remote Checklists **as soon as possible**. We will meet to discuss the remote checklists before the end of this week. Of course, our goal should be to complete these before the end of December (before the holidays).**

Eleny

On-Site ARRA Monitoring

Reviews

**October 2009**

Williamson Cty, Jackson Cty, Shelby Cty	Spearman & DiPietro
LaSalle County- Joliet HA - Aurora HA	Davis & Rogers
<u>Rock Island City, Moline HA, Lee County</u>	<u>Boss &amp; Satterfield</u>
Springfield HA- Decatur HA	Nemedi & Lewis

**November 2009**

Champaign County- Danville HA	Eller & Polk
Lake County – Rockford HA - Freeport HA	Siska & Cano
St. Clair County--- Madison County	Evans-Peterson & Harvey

**December 2009**

Chicago Housing Authority (CHA)	Evans-Peterson, Freeman, Mitchell
Cook County HA	Davis, Wong, Patterson
Granite City HA	Termunde & Eller
Peoria HA	Stuckemeyer, Harvey, Nemedi

\*\* Francisco and Galinato will be conducting extra remote reviews.

**Waukegan HA will be completed by the SWAT team.**

Office of Public Housing  
Management Review Schedule  
2009

Target Month	PHA(s)	Type of Review	Team Leaders & Members	Dates
April	Granite City	Management Review	<u>Siska</u> , Rogers, Eller, Evans-Peterson, Termunde	
May	Decatur	Tier I	<u>DiPietro</u> , Mitchell, Lewis, Siska, Nemedi, Wong, Freeman	
June	Cook Chicago	4-AMP 4-AMP	<u>Polk</u> , Eller, Wong, Satterfield, Boss <u>Nemedi</u> , Mitchell, Francisco, Harvey, Wong, Spearman	

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H19193

6. User's Last Name <i>Boss</i>	User's First Name <i>Larry</i>	Middle Initial <i>A.</i>	7. User's Social Security Number
8. User's Office Address <i>77 W. Jackson Rm 2401</i>		9. Office Telephone No. (include area code & extension) <i>312/913-8571</i>	
City <i>Chicago</i>	State <i>IL</i>	Zip Code <i>60604</i>	10. Office Correspondence Code (mandatory)

11. User's Signature <i>Larry A. Boss</i>
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Program Area <i>CFRG</i>	Query	CFO Only Payment Banking Cntrl DE	CFO Only Banking Cntrl DE	CFO Only Voucher Entry	Verify	Field Office Admin.
						HQ Admin.

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LOCCS Access Authorizing Official

Name of Supervisor or Line Manager <i>Steven E. Meiss</i>	Social Security Number
Title <i>Dir. of Public Housing</i>	Office Telephone Number <i>312-913-8300</i>
Office/Mailing Address <i>77 W. Jackson</i>	
Supervisor or Line Manager's Signature <i>SE</i>	Date (mm/dd/yyyy) <i>4/22/09</i>

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Page 1 of 1

form HUD-27054-A (06/2003)

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